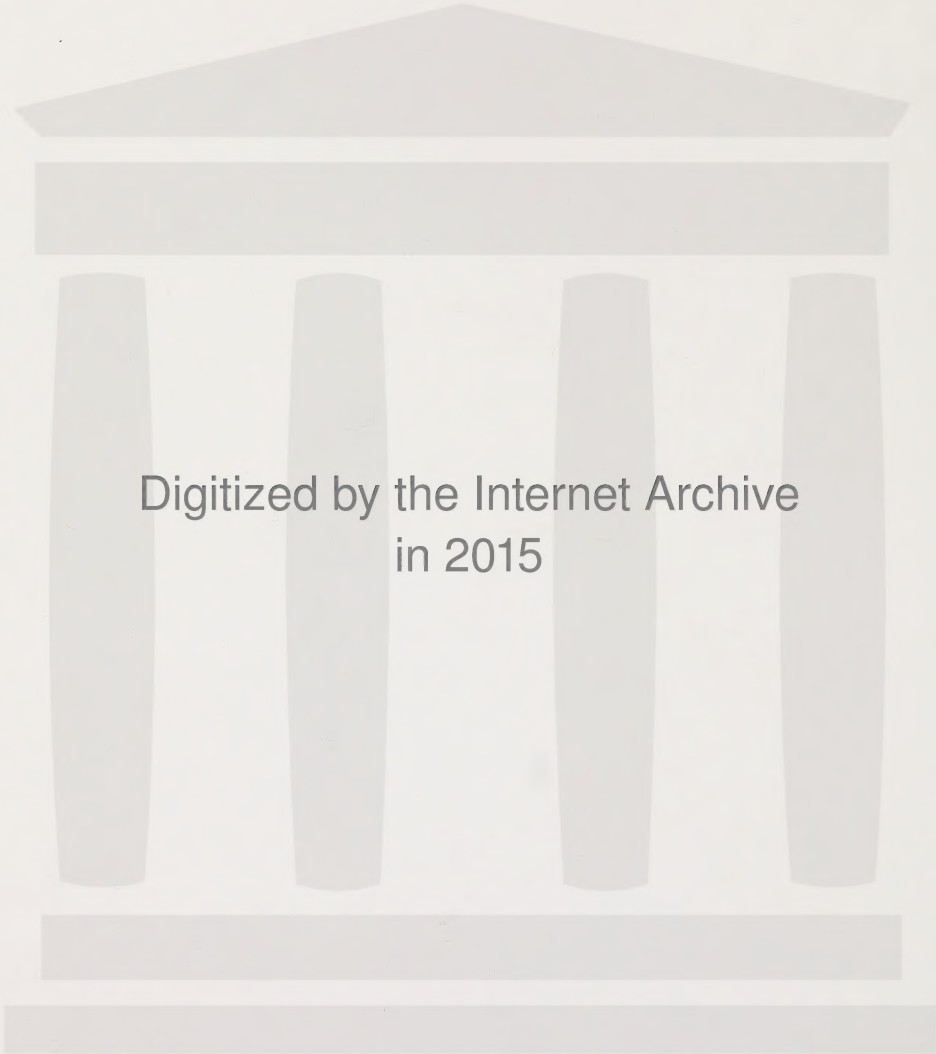
L.2.1988-383

Moving Into the Future
For the Health of Albertans

Alberta
COMMUNITY AND
OCCUPATIONAL HEALTH



Digitized by the Internet Archive
in 2015

https://archive.org/details/movingintofuture00albe

Moving Into the Future
For the Health of Albertans

CANADIANA
MAY 16 1988

Moving Into the Future reflects the principle that health is more than the absence of physical disease. Health is also the maintenance and improvement of mental and social well-being; at work, home or play. Good health is crucial to our ability to enjoy life and reach our potential. It is as much a family concern as an individual one; as much a community issue as a provincial one.

The issues and information presented in **Moving Into the Future** challenge all Albertans interested in health. While based on discussions with people from around the province, it also contains useful findings from local, national and international studies, including Canada's landmark Health Promotion Survey.

Alberta Community and Occupational Health is committed to the goals of health promotion, prevention of illness and community involvement in health issues. These are the areas which will be stressed to maintain and improve the health of Albertans.

Moving Into the Future is intended to stimulate thought and discussion. It presents major trends affecting health programs, issues affecting individual health and the health of the community.

I encourage you to let me know about your success stories in health programing. We can all benefit by showcasing each other's achievements in health.

Jim Dinning
Minister
Alberta Community and Occupational Health

SECTION I:
Today's Health Trends

Beyond the Basics

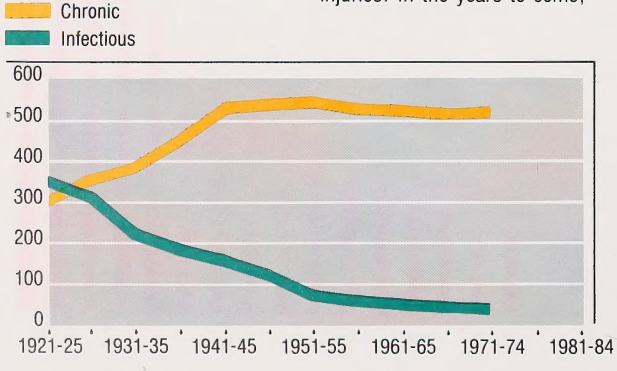
Health and medical care have made astounding advances over the last century. Infectious diseases that were once widespread, like polio and diphtheria, are now under control; our basic standards of medical care are far and above what patients could expect even 30 years ago. Beyond that, in the last decade there has been a growth in community and workplace programs that lead us toward increased prevention and education efforts.

If we were to visit a crowded restaurant filled with a cross-section of our province's people, we would be surrounded by individuals who say they are basically happy and feel healthy. The future health problems they face will largely relate to how they live: what and how much they eat, drink and smoke; whether they are physically active; how they cope with mental and social stress; what kind of support they get from family and friends; and what measures they take to avoid injuries. In the years to come, health programs will focus especially on those kinds of lifestyles and environmental conditions.

The pressing challenge for Albertans will be establishing health programs that:

a. prevent or reduce health problems related to the way people live, and their living and working conditions, and
b. improve the health of people with disabilities or long-term injuries.

Chronic and Infectious Disease Death Rates Beginning 1921 Canada
(per 100,000)



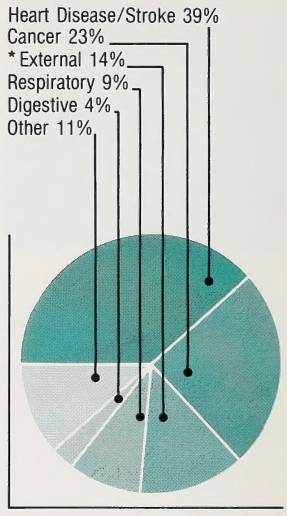
Shifts in Health Strategies

Health programs have traditionally stressed institutional and clinical care, but today more emphasis must be placed on health promotion, illness prevention and community care.

Health promotion includes not only the maintenance of health, but the improvement of individual, social and environmental health as well. Creative new strategies are needed to encourage individuals, families and communities to make the healthy choice the easy choice; to act on what they already know to improve their health and that of their community. In short, the aim of health promotion is to promote the art of being well.

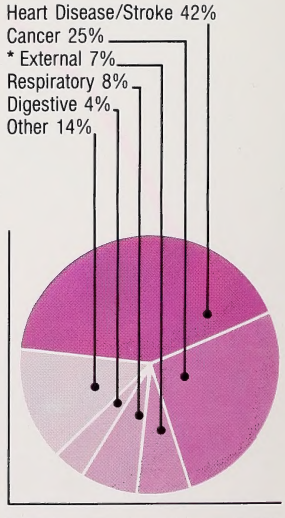
Prevention of illness and injury involves an awareness of preventable health problems. Action must be taken on such problems before they become apparent, or before they

Causes of Death — Male and Female, 1986 Alberta



Male Total Number = 7,544

* Motor vehicle and other accidents, injuries, suicide and homicide



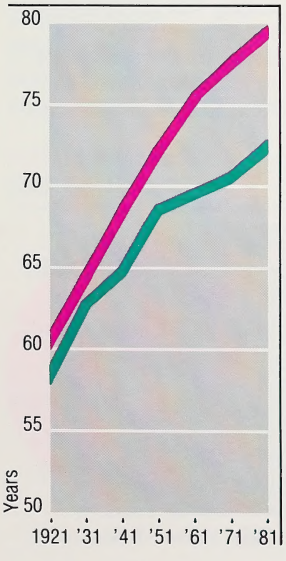
Female Total Number = 5,780

880691

become serious, and that can be done with such strategies as education, developing skills and support by others.

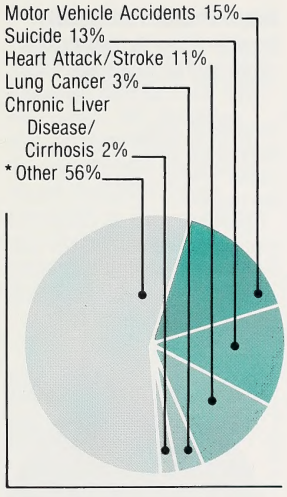
Community care involves people in planning and providing services, care and support to individuals in their own communities. By helping individuals and families within the supportive environment of their own homes and neighbourhoods, it contributes to their social and mental well-being. In addition, it can be an effective and economical alternative to institutional care.

All three areas are distinct but complementary approaches. Each can be employed to help us deal with modern problems such as cardiovascular disease, cancer, mental illness, drug and alcohol abuse and occupational hazards. The need now is to improve and expand our efforts.

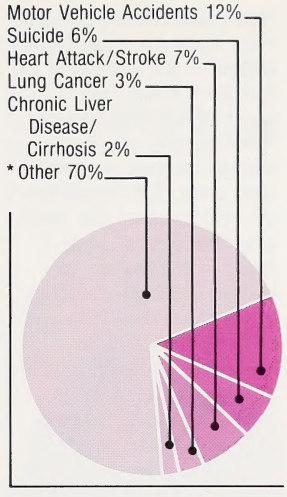


Average Life Expectancy at Birth 1921-1981 Alberta

Male
Female



Male Total Years = 82,032



Female Total Years = 44,504

Years of Life Lost from Selected Causes of Death - 1986 Alberta

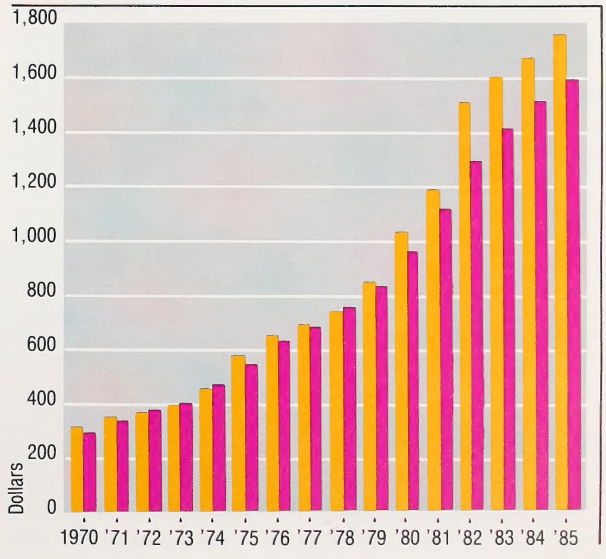
* Includes mainly congenital, infectious and digestive

Promotion, prevention and community care are relatively new areas for health programming, and as such have few experts or proven methods. We are compelled, therefore, to plan new health programs from the ground up. There has never been a greater need for innovation and input from community groups, program planners and professionals to make new programs suitable for the needs of Albertans.

Total Health Expenditures for Canada and Alberta 1970-1985

(Dollars Per Person)

Alberta
Canada



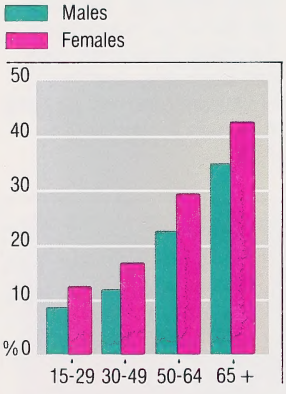
Challenges and Opportunities

Our society is dramatically different than it was even 50 years ago. In Alberta, we have a relatively young population whose needs change as it ages. Family strucutres have altered drastically, even from the time of our grandparents. Technology is touching every part of our lives. And finally, health care costs and spending have risen to new highs in Alberta.

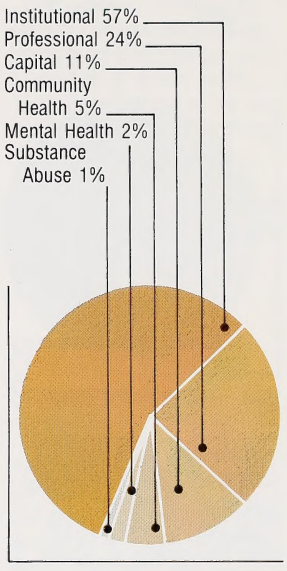
Technology, in the form of automation or mechanization, has made enormous changes to the way we live, work and play. Such technology brings many new health and safety risks to our lives, while it makes our lives safer in other ways; it can cause us stress because of the enormity of the changes it makes; and it brings us improved ways of communicating, even as it removes personal contact in some areas. Still, technology can help us as we plan health programs, particularly as it allows us to draw on new sources of health information and to use creative new methods of applying it.

Spending for health care in Alberta is the highest per person in Canada. Although the nature of health problems has shifted from infectious to chronic diseases, there has not been any corresponding shift in our approach to dealing with them. We now know that an estimated 60% of the causes of these chronic diseases are individual lifestyle or environment-related, and therefore controllable. At the same time, we must continue to provide Albertans with the highest quality care available when they are ill. We must balance our resources for new programs between treatment and today's need for promotion and prevention.

Proportions of Albertans by Age Group and Sex Reporting Long-Term Conditions that Limited Activity - 1985



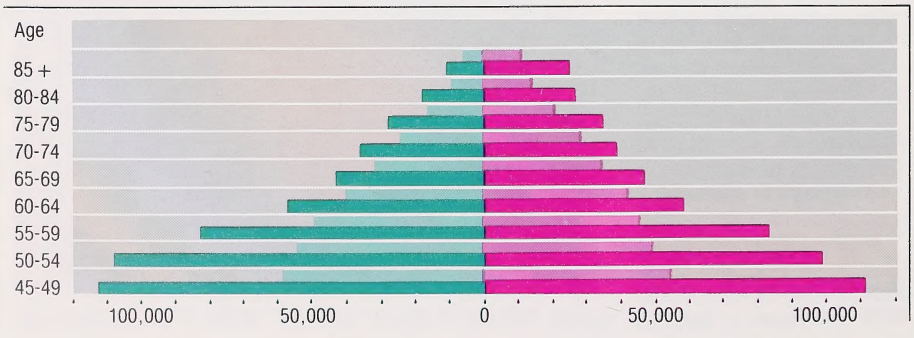
Allocation of Provincial Health Care Expenditures 1983-84 to 1985-86



Alberta's young population is also an aging population. With longer life expectancy, more people will move into age groups that are subject to illnesses that strike mostly middle age and older people, such as heart disease and cancer, and more of them will be subject to chronic health problems such as diabetes and arthritis. The average person can expect to spend about six years functionally disabled, mainly by chronic diseases. Health programming, therefore, must work toward methods of maintaining and enhancing health.

Families are still the most important institution in our society. Fifty years ago, families tended to establish their own health values and provide care and support, but this is difficult for today's smaller, more mobile families. Family structures have changed, too, with more mothers working outside the home and an increase in the number of one parent families. Social and economic pressures also take their toll on family life, and can result in problems ranging from child abuse to marriage breakdown. The development of programs to meet the diverse needs of today's families is crucial.

Number of Persons Aged 45 years and older in Alberta 1986 and 2006 (Projections)



SECTION II: The People

We have looked at the broad trends affecting health and health services, but how do individual Albertans see their own health, and the things that put their health at risk? The results from the National Health Promotion Survey conducted in 1985 by Health and Welfare Canada shed some new light on these questions.

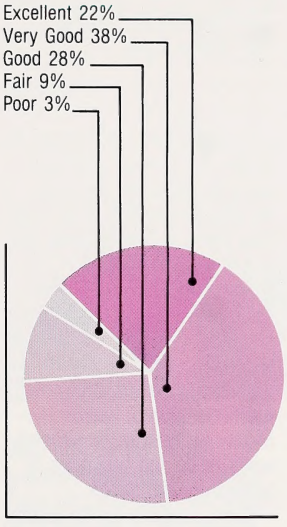
Health Perceptions and Health Risks

Most Albertans feel pretty good about their health. Sixty-one percent of Albertans surveyed felt their health to be very good or excellent for their age. The picture is less positive among seniors, however. By age 65, less than half of Albertans rate their health as very good or excellent.

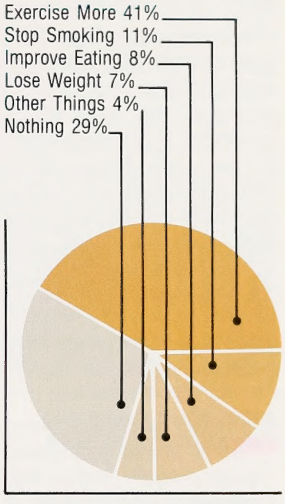
We have special health challenges to meet. Over 207,000 (12%) Albertans rated their health as fair to poor and 182,000 (10%) experienced very high stress. Further, 298,000 (16%) Albertans reported coping with ongoing disabilities that limit their activity level. Poor health tends to be reported significantly more often by older, low income, poorly educated, non-English speaking or unemployed Albertans. The people in these social and economic groups are also more likely to engage in risk taking health behaviours, such as smoking. Among our older citizens (over 65), only 25% said they were extremely happy, compared with 38% across Canada.

Targets for health improvement efforts are necessary. Almost one in three Albertans surveyed said that they smoked cigarettes. Among some groups, such as teenage girls, smoking was more common in Alberta than in the rest of the country. Further, 11% of males and 5% of females were heavy drinkers; more than half of all respondents felt they needed more exercise; 17% were significantly overweight; the elderly were less likely to live in homes with smoke detectors and first aid kits; and 96% agree that it is worth learning cardiopulmonary resuscitation (CPR).

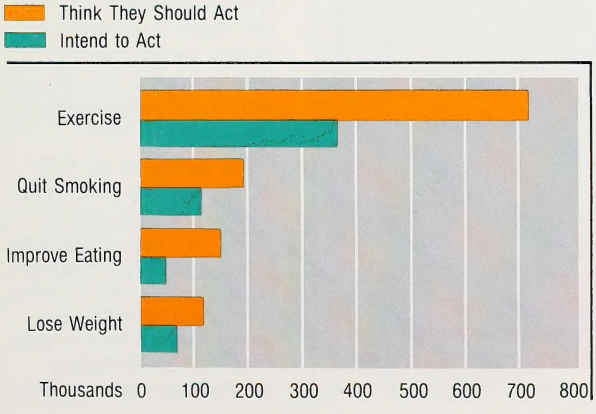
How Albertans Rate Their Health - 1985



What Albertans Say They Should Do to Improve Their Health



Albertans Intending to Follow Through on Selected Health Improvement Activities Compared to Those Who Think They Should

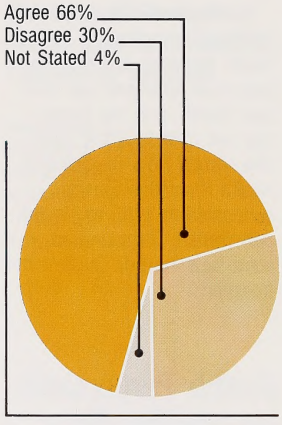


The Impact of Family, Friends and Co-workers

The people around us influence our health habits. Albertans with abundant friendships report that they have better health, less stress and seem to be happier when compared to those with no or few friends. Further, the Health Promotion Survey showed that people strongly influence the health related knowledge, attitudes, beliefs and actions of the people with whom they spend their time. For example, in Alberta a person whose spouse uses tranquilizers is three times more likely than the average to do so. If a person's friends exercise regularly, the odds are about eight out of ten that they will exercise regularly too. In some cases, people of similar habits probably seek each other out, and in others behaviours are picked up from each other after an association develops. Whatever the cause, the social side of health behaviour must be remembered when designing programs to improve health habits.

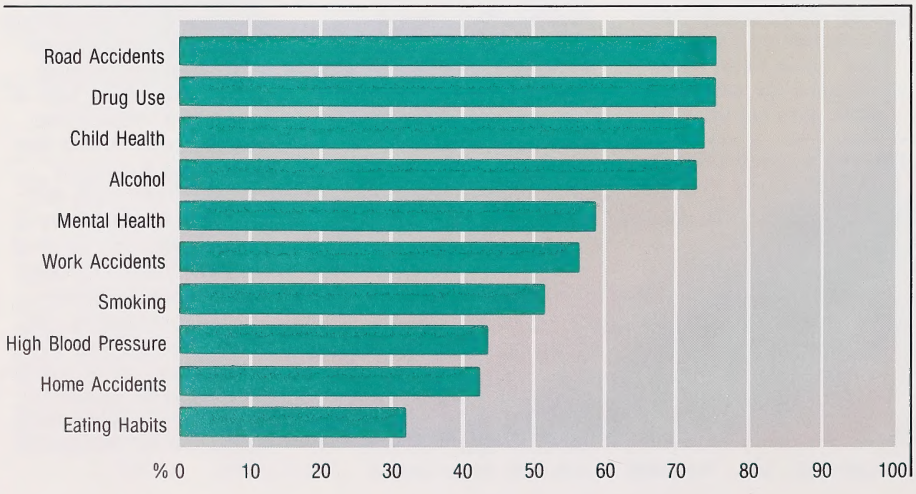
Some people's health habits put others at risk. The most negative side of this picture is that many people also do things that directly put the health of others at risk. The 21% of survey respondents who reported driving after drinking at least once in the past month put their passengers and people on the streets in danger. Off the road, 84% of Albertans felt that workers should be provided with a workplace free of the hazards of secondhand smoke.

Albertans Making More of an Effort to Improve Health - 1985 (Compared to People the Same Age)



Many people actively protect the health of others. Some individuals get themselves directly involved in protecting the health of others. Even before Alberta's seatbelt law came into effect, 91% of parents who buckled up said they did the same for their children. Other examples include the 66% of Albertans who took steps to prevent their friends from driving after drinking too much alcohol; the 39% who reported they have the ability to administer CPR; the 23% who reported being trained in first aid in the last three years; and the people who equipped their homes with first aid kits (72%), smoke detectors (82%) and fire-extinguishers (50%).

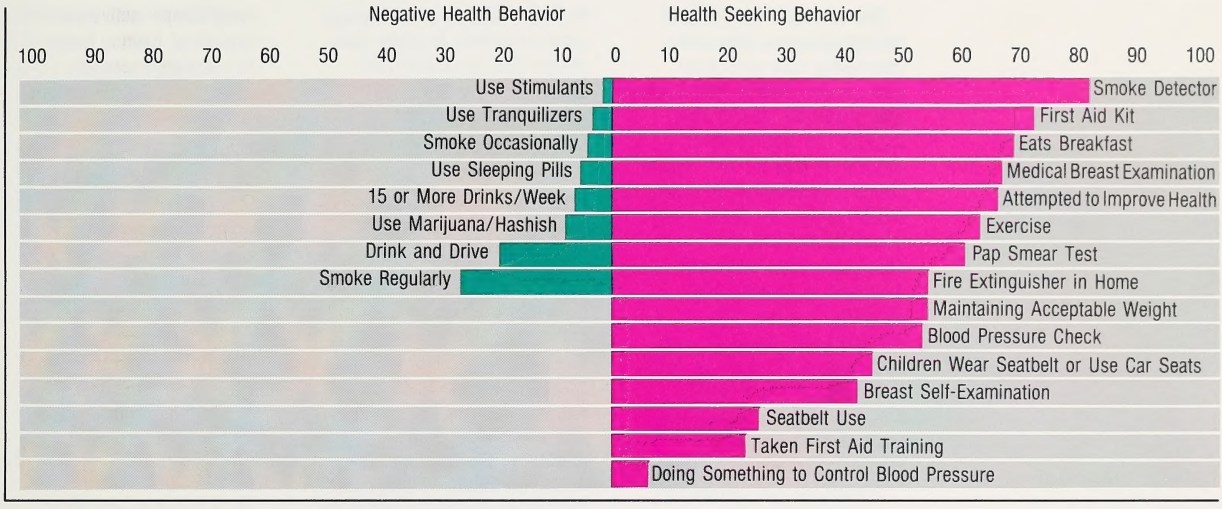
Those Who Felt It Was Particularly Important for the Government to Deal With Selected Health Topics - 1985
Alberta (Estimated %)



Preparing for Individual Change

In the Health Promotion Survey, seven out of ten Albertans said they should do something to improve their physical health and 29% said they should do something to improve the way they cope with stress. Albertans are thinking about their health and how it could be better.

Fifty percent do not make the changes they plan. Among Albertans, a slight majority (52%) said there was nothing to stop them from taking steps to improve their health. Lack of time, self-discipline and energy were the reasons given most often for not making personal health improvements.



Selected Health Behaviors - 1985

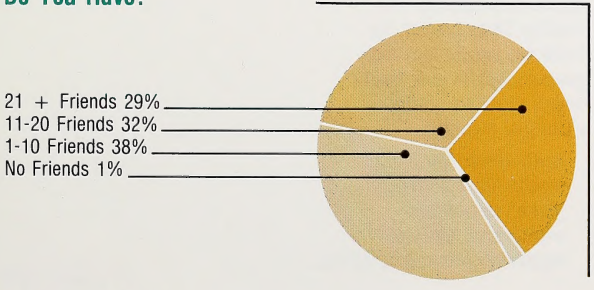
Unfortunately, only half the people who say they should take steps to improve their health actually intend to do so. There is a need to find ways to turn the interest in health into firm intention and to turn intention into new, healthier habits.

Many people do not think they are able to improve their health. Individuals who rated their health as good or very good (as opposed to poor, fair or excellent) were the most likely to say there was room for improvement. People who rated their health as poor, however, were unlikely to say there was anything they should do to improve it, and did not always seem to understand the benefits of doing so. For example, only 28% of smokers surveyed believed that health risks go down if a person stops smoking after ten years of heavy cigarette use; only 25% of sedentary people believed that exercise would help them.

People prefer new ways of improving their health. It seems most of us would rather adopt a good new health habit than change an unhealthy one. For example, many people choose more exercise (56%) as a way to improve their health, even if they are risking it at the same time by smoking or heavy drinking. This commitment to good new health habits, like physical fitness, is encouraging. Unfortunately, a fit smoker is just as likely to get cancer and chronic lung disease as the unfit smoker. People's desire to adopt a good new health habit must be supported.

Additional support is needed to effect personal change. Support must go beyond information to help people act on what they already know. Only 19% of Albertans felt they needed more information, of which nutrition, safety and accident prevention, mental health and high blood pressure were cited most frequently. Albertans think it is important for government to support good health by being involved in road and accident prevention (75%), drug use (75%), child health care (73%) and alcohol problems (72%). Further, 98% said the school and two out of three (63%) who were working said their place of work was an appropriate place to promote good health.

How Many Friends Do You Have?



SECTION III: The Future

The strategic directions of promotion, prevention and community care hold great promise for Alberta. Promotion and prevention efforts will improve the well-being of citizens in Alberta, and reduce chronic, debilitating diseases, mental health problems, accidents and injuries. Community care will allow treatment of disease and disability in a way that advances the quality of care while helping to manage costs.

Taking Alberta's health programs into the future will mean finding ways to:

- strengthen our promotion, prevention and community care commitments, while supporting efforts in institutional and clinical care,
- learn more about the **health** needs of all Albertans, including people that are poorly educated, have low incomes and are unemployed, and
- encourage Albertans to actively participate in shaping health policy in the workplace, in their community and in our province.

To do this, we must find ways to support in real terms the underlying principles of promotion, prevention and community care.

People helping themselves and each other. Individuals, families, friends and co-workers can contribute to a healthy life for themselves and each other. Alcoholics Anonymous, for example, allows people to seek needed support from others. The Keep In Touch Society of Lethbridge uses volunteers to make daily phone calls to seniors and others who live alone and whose health could be at risk.

People can also get involved in such activities as learning CPR and first aid; exercising with a friend; cooperative child care arrangement; and golden age clubs.

People working as a community. By working together, people in communities can find new ways to improve the health and well-being of all their members. For example, Co-Action on Health Promotion in Edmonton provides a forum for interested agencies or groups to coordinate community health programs.

There are other outlets to encourage community involvement such as service organizations; food banks; Meals-on-Wheels; community leagues; Block Parents; and volunteer action centres.

People building a healthy environment. Whether individually or collectively, people can work together for a healthy environment, and for public policy which recognizes health as a priority. The Healthy Cities project, for instance, encourages local governments to give health issues more weight in municipal planning.

Such action can bring results like community parks; smoke-free workplaces; seatbelt legislation; workplace safety regulations; child care licensing; healthy foods in vending machines; municipal bike paths and walking trails.

Future health programs will have a new look. They must find ways to help people move beyond what they already know and do to improve their health. They must encourage people to continue supporting each other's health improvement efforts. They must also make people aware that they have a voice in shaping health policy in the workplace, in their community and in our province.

As a province, we must develop effective programs and policies which will move us into the future. As citizens of Alberta and people working in health, you know what the province's health needs are. You can contribute to the future of Alberta by setting your own goals for health improvement, and by getting involved in local and provincial issues that are important to you. Your actions will shape the future of health in Alberta.

Additional copies available
from:

Alberta Community and
Occupational Health
Communications
3rd Floor, Seventh Street Plaza
10030 - 107 Street
Edmonton, Alberta
T5J 3E4

ISBN 1-55006-102-X

N.L.C. - B.N.C.
3 3286 08005434 5